

AUTO CR - LOG SUMMARY #1055694

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers responded to a report of two stray dogs. After the dogs were placed in the yard and the officers began to leave, one dog charged at the involved officer, who fired once, striking and killing the dog.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	VUJIC, MILAN		004 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
19-JUL-2012 07:46 - 19-JUL-2012 07:46		0432	004	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	OLBRICH, MICHAEL F		004 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	07-DEC-2012 11:28	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	07-DEC-2012 11:28	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	23-AUG-2012 08:34	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	23-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-AUG-2012 08:23	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	19-JUL-2012 09:17	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					LUKAS, JAMES	19-JUL-2012 09:17			
	DOCUMENTS - INTAKE INCIDENT		2	Officer Michael Olbrich, #16719, 4th Dist.	N	LUKAS, JAMES	19-JUL-2012 10:36	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		15		N	TOUSANT, LISA	23-AUG-2012 08:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Dog destruction	N	LUKAS, JAMES	19-JUL-2012 10:49	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

FACE SHEET (Notification Date: 19-JUL-2012) - LOG #1055694

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	VUJIC, MILAN			004 /	SERGEANT OF POLICE	M	WHI		

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Accused Members

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	19-JUL-2012 21:17	LUKAS, JAMES	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	07-DEC-2012 11:28	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	07-DEC-2012 11:28	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	23-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-AUG-2012 08:23	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	19-JUL-2012 09:17	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input checked="" type="checkbox"/> DNA		1 DATE OF INCIDENT 19-JUL-2012		TIME 19:44:00		2 ADDRESS OF OCCURRENCE [REDACTED]			3 LOCATION CODE 291		4 BEAT/OCCUR 0432		
		5 POSITION 9161		6 LAST NAME OLBRICH		7 FIRST NAME MICHAEL F		8 STAR NO 16719		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI	
SUBJECT INFORMATION <input checked="" type="checkbox"/> DNA		11 AGE [REDACTED]		12 HT 510		13 WT 185		14 DATE OF APPT 11-SEP-2000		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 004 0456	
		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
REASON FOR USE OF FORCE (Check all that apply)		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE [REDACTED]		25 D O B [REDACTED]		26 HT [REDACTED]		27 WT [REDACTED]		28 ADDRESS [REDACTED]	
		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34 BY WHOM? [REDACTED]	
SUBJECT'S ACTIONS		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36 CHARGES PLACED <input checked="" type="checkbox"/> DNA		37 CB NO [REDACTED]		38 IR NO. <input checked="" type="checkbox"/> DNA		39 MEMBER'S RESPONSE (Check all that apply)			
		39 MEMBER'S RESPONSE (Check all that apply)		39 MEMBER'S RESPONSE (Check all that apply)		39 MEMBER'S RESPONSE (Check all that apply)		39 MEMBER'S RESPONSE (Check all that apply)		39 MEMBER'S RESPONSE (Check all that apply)		39 MEMBER'S RESPONSE (Check all that apply)	
WEAPON DISCHARGE INCIDENT		40 ADDITIONAL INFORMATION R/O'S ASSIGNED A JOB OF A VICIOUS ANIMAL. R/O'S ARRIVED AND SPOKE TO CALLER AND THE NEIGHBOR NEXT DOOR WHO STATED THAT TWO PIT BULLS ARE WALKING THE BLOCK AND THAT THEY FEARED FOR THEIR SAFETY. AS R/O'S APPROACHED, ONE CHARGED. R/O SHOT AND KILLED THE DOG		41 WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR			
		45 MAKE/MANUFACTURER SIG/S I G/SWISS INDUSTRIAL GESELLSCHAFT - 82+		46 MODEL P220		47 BARREL LENGTH 4"		48 CALIBER/GAUGE 45 CAL		49 TASER DART ID NO. [REDACTED]			
CASE INFO.		50 WEAPON SERIAL No. (include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]		54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]			
		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED Department Issued		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO. OF SHOTS MEMBER FIRED 1		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 04 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)			
SIGNATURES		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]			
		65 DIO MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)			
SIGNATURES		70 NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		70 NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		71 Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		72 REPORTING MEMBER (Print Name) OLBRICH, MICHAEL F		STAR/EMPLOYEE NO 16719			
		73 SIGNATURE [REDACTED]		74 REVIEWING SUPERVISOR (Print Name) VUJIC, MILAN		STAR NO 2600		SIGNATURE [REDACTED]		DATE REVIEWED 19-JUL-2012 21:58:05			

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time it was found that the member discharged his firearm to destroy an attacking animal. Administrative Log #1055694 was obtained.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RECKARD, JONATHAN C

SIGNATURE

DATE COMPLETED

TIME

19-JUL-2012 22:28:30

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80. TOTAL TRR s THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

MISCELLANEOUS INCIDENT EXCEPTION REPORT
CHICAGO POLICE DEPARTMENT
BEAT/UNIT
ASSIGNED

BEAT/OCC.

DATE REPORTING OFFICER (S) ARRIVED

TIME

456

432

19 JUL 12

1915

NATURE OF INCIDENT

Vicious Animal

LOCATION OF INCIDENT

NAME OF COMPLAINANT

ADDRESS (IF SAME AS LOCATION, WRITE "DNA")

NARRATIVE:

R/O ASSIGNED TO A J.D. O. M. WHERE WITNESSES STATED THAT

TWO PIT BULLS WERE WALKING THE BLOCK AND THAT THEY FEARED FOR THEIR

SAFETY. R/O LOCATED SAID DOG AT LOCATION OF INCIDENT. AS R/O

APPROACHED, ONE PIT CHARGED AND P.O. OLBRICH #16719 SHOT + KILLED THE DOG.

ASSIGNMENT COMPLETED AT:

19 JUL 12 @

HRS.

5:00 CASINO

INV.

12666542 / Log # 1055694

REPORTING OFFICER:

STAR NO.

REPORTING OFFICER:

STAR NO.

SUPERVISOR APPROVING

STAR NO.

OLBRICH

16719

RICE

13443

M. J. C.

2600

CPD-11A18(7/72)

BUREAU OF INTERNAL AFFAIRS
INVESTIGATION DIVISION
GENERAL INVESTIGATION SECTION

20 Jul 2012
LOG #1055694

TO: Juan RIVERA
Chief
Bureau of Internal Affairs

ATTN: Robert KLIMAS
Commander
Bureau of Internal Affairs

ATTN: Lt. Susan Clark #320
Bureau of Internal Affairs
Investigations Division
Administration Section

FROM: Sergeant Joseph Stehlik #1945
General Investigation Section
Bureau of Internal Affairs

SUBJECT: Firearm Discharge Incident – Animal

RESULTS: BAC .000
Reference: WD# [REDACTED]
LOG#1055694
RD# None

**INCIDENT
LOCATION:** [REDACTED]

DATE & TIME: 19 Jul 2012, 1923hours

WATCH COMMANDER: Sgt. Reckard #1779

**INVOLVED
MEMBER:** P.O. Michael Olbrich
Star #16719
Employee [REDACTED]
DOA 11 Sep 2000

BUREAU OF INTERNAL AFFAIRS
INVESTIGATION DIVISION
GENERAL INVESTIGATION SECTION

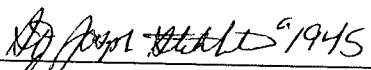
20 Jul 2012
LOG #1055694

DOB [REDACTED]
Unit 004
[REDACTED]

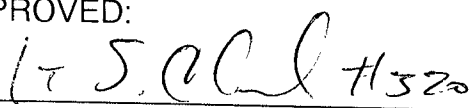
NARRATIVE:

Reporting Sergeant received a notification from Sgt. Cochran #894 of this command at 2008hrs on 19 Jul 2012 regarding a Firearm Discharge Incident in the 004th District involving one male officer and an animal.

R/Sgt proceeded to the 004th District and met with the W/Supervisor, Sgt. Reckard #1779. R/Sgt was then directed to the involved officer. P.O. Olbrich was then presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. At 2040hrs R/Sgt began the twenty minute observation period of P.O. Olbrich. The breath test was conducted at 2104hrs and the BAC was .000. R/Sgt then conducted the drug test at 2115hrs. Sgt. Reckard was notified of the results.


Sergeant Joseph Stehlik #1945
Bureau of Internal Affairs
Investigation Division
General Investigation Section

APPROVED:


Commanding Officer
Bureau of Internal Affairs
Administration Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name MICHAEL OLBRICH Title P.O.
Star No. 16719 Employee No. [REDACTED] Unit 004

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
MICHAEL OLBRICH	<i>[Signature]</i>	19 JUL 12 2043

Type of Test: Alcohol	Location: <u>004</u>	Date and Time: <u>19 JUL 12 2104</u>
Type of Test: Drug	Location: <u>004</u>	Date and Time: <u>19 JUL 12 2115</u>

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
SGT J. STEHLIK 1945	<i>[Signature]</i> 1945	19 JUL 12 2105

CPD-44.252 (REV. 11/11)

DISTRIBUTION ORIGINAL - TO B I A SUPERVISOR, COPY - TO INVOLVED MEMBER.

Time STARTED - 2040hrs

LOG # 1055694

TEST RECORD
RBT IV

TEST RECORD
RBT IV

RBT IV# [REDACTED] RBT IV# [REDACTED]
DATE 07-19-12 DATE 07-19-12
TEST NO. 0501 TEST NO. 0501
EN# ID# EN# ID#

AS T# [REDACTED] AS T# [REDACTED]
TEMPERATURE 21 C TEMPERATURE 21 C

SUBJECT TEST
%BAC TIME

.000 BL .000 BLANK
.000 AU .000 AUTO 21:04

ORD
U

SUB

19-12
0501

OPE

OPERATOR

Sgt J. S. S. 1945

WIT

WITNESS

Da

DND

JRE 21 C

TEST

TEST LOCATION

T TEST
TIME

LDL

LOC #1055624

BLANK
AUTO 21:04

SUBJECT

OPERATOR

Sgt J. S. S. 1945

WITNESS

DND

TEST LOCATION

LOC #1055624

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

CHICAGO POLICE DEPT
NARCOTICS DRUG UNIT #100750
3516 S MICHIGAN AVE
CHICAGO IL 60653
PH 312-745-5053 FAX 312-745-6819

C. Donor SSN or Employee I.D. No.

D. Donor Name

Last

First

E. Donor ID Verified

☒ Photo ID

☐ Emp. Rep

F. Reason for Test.

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

WEAPONS DISCHARGE

G. Drug Tests to be Performed.

☒ 35190M SAP 10-50/2000 W/HIT

H. Collection Site Name:

UNIT 004

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No

Collector Fax No

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

☒ *[Signature]* 1945
Signature of Collector
[Signature] 1945
(Print) Collector's Name (First, MI, Last)

9:15 AM
07/19/12
Time of Collection
Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo /Day/Yr)

Daytime Phone No ()

Evening Phone No ()

Date of Birth

Mo Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. J. Stehlik #1945

☐ Employer Representative _____

Signature of Employer Representative _____

PART I - A. On the 19th day of July, 2012 at 2:15, I, MICHAEL O'BRIEN,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT. J. STEHLIK #1945,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number [REDACTED]

EXAMINEE'S SIGNATURE

[Signature]

STAR/EMP NO.

16719

WITNESS'S SIGNATURE

[Signature]

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

[Signature]

STAR/EMP NO.

1945

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature]
(STAFF MEMBER'S SIGNATURE)

on 20 JUL 12,
(DATE)

at 0712 Hrs,
(TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 20 day of JUL 2012, I INV. M. WILLIAMSON # 6
received a collected urine specimen from SGT. STEHLIK # 1945 The specimen
was delivered in sealed / unsealed condition and was received in packaging described as

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by INV. M. WILLIAMSON #6 in the presence
of SGT. STEHLIK #1945 The following items were removed from the container

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by INV. M. WILLIAMSON #6, as witnessed by SGT. STEHLIK #1945

Specimen delivered by: [Signature]
Signature

1945

Received/stored by: INV. Michael Williamson
Signature

6

Last Name: OLBRICH
First Name: MICHAEL
Rank: P.O.
Star #: 16719
Unit: 004
Home Zip Code: _____
Date Hired: 11 SEP 2000
Birthdate: [REDACTED]

20 JUL 12

Last Name: OLBRICH
First Name: MICHAEL
Rank: P.O.
Star #: 16719
Unit: 004
Home Zip Code: _____
Date Hired: 11 SEP 2000
Birthdate: [REDACTED]

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. J. STEHLIK #1945

☐ Employer Representative _____

Signature of Employer Representative

PART I -

A. On the 19th day of July, 2012 at 2:15, I, MICHAEL OLBRIK,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT. J. STEHLIK #1945,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number [REDACTED]

EXAMINEE'S SIGNATURE

[Signature]

STAR/EMP NO.

16719

WITNESS'S SIGNATURE

[Signature]

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

[Signature]

STAR/EMP NO.

1945

SUPERVISOR'S SIGNATURE

[Signature]

STAR/EMP NO.

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Michael Williams, on 20 JUL 12, at 0712 Hrs
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)

and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 20 day of JUL 2012, I INV. M. WILLIAMSON # 6
received a collected urine specimen from SGT. STEHLIK # 1945 The specimen
was delivered in sealed / unsealed condition and was received in packaging described as.

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by INV. M. WILLIAMSON #6 in the presence
of SGT. STEHLIK #1945 The following items were removed from the container.

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by INV. M. WILLIAMSON #6, as witnessed by SGT. STEHLIK #1945

Specimen delivered by: [Signature] # 1945
Signature

Received/stored by: INV. Michael Williamson # 6
Signature



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name MICHAEL OLBRICH Title P.O.
Star No. 16719 Employee No. [REDACTED] Unit 004

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation

I acknowledge and understand this notice of testing

Print Member's Name		Involved Member's Signature	Date and Time
MICHAEL OLBRICH		<i>[Signature]</i>	19 JUL 12 2043
Type of Test Alcohol	Location <u>004</u>	Date and Time <u>19 JUL 12 2104</u>	
Type of Test Drug	Location <u>004</u>	Date and Time <u>19 JUL 12 2115</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
SGT J. STEHLIK 1945	<i>[Signature]</i> 1945	19 JUL 12 2125

CPD-44.252 (REV. 11/11)

DISTRIBUTION ORIGINAL - TO B I A SUPERVISOR, COPY - TO INVOLVED MEMBER.

Time STARTED - 2040hrs

Log # 1055694

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name. Last

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test.



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)

Return to Duty (6)



Follow-up (23)



Other (specify) (99)

WEAPONS DISCHARGE

G. Drug Tests to be Performed:

UNION SGP 10-10-2006 N2817

H. Collection Site Name.

UNIT 004

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

☒ *[Signature]* 1945

[Signature] 1945

(Print) Collector's Name (First, MI, Last)

9:15

AM

Time of Collection

01/19/12

Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

Primary Specimen Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct



Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo /Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is



NEGATIVE



POSITIVE



TEST CANCELLED



REFUSAL TO TEST BECAUSE



DILUTE



ADULTERATED



SUBSTITUTED

REMARKS



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is



RECONFIRMED



FAILED TO RECONFIRM - REASON



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

WE HAVE DISCIPLINED

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X *Signature of Collector* *1945*

Signature of Collector *1945*

(Print) Collector's Name (First, MI, Last)

9:15 *AM* *PM*

01/11/12

Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

1/11/12

Date (Mo /Day/Yr)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

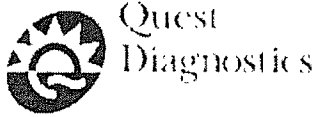
Date (Mo /Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo Day Yr



7/25/2012 7 04 39 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care 800-877-7484

Primary ID [REDACTED]

SPECIMEN INFORMATION

REQUISITION [REDACTED]
LAB REF NO [REDACTED]
COLLECTED 7/19/2012 21 15
RECEIVED 7/21/2012 05 28
REPORTED 7/21/2012 09 14
DOCUMENT ID

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER - WEAPONS DISCHARGE

Tests Ordered: 35190N, %NSPGR

Integrity Checks

Acceptable Range

CREATININE	19.5 mg/dL	>20 mg/dL
SPECIFIC GRAVITY	1.003	1.003 - 1.020
pH	7.0	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

Initial Test Level	GC/MS Confirm Test Level
-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSAS01

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR